

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



**Capital Area Health Consortium
Blue View VisionSM BVMO C25.130.130**

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Eyeglass frames

Once every two calendar years you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every two calendar years you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- **Transitions** Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

Contact lenses – once every two calendar years

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

BLUE VIEW VISION MEMBER EXCLUSIVE!

You may use your in-network benefit to order your contact lenses from **1 800 CONTACTS**. 1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

IN-NETWORK	OUT-OF-NETWORK
\$130 allowance, then 20% off any remaining balance	\$64 allowance
\$25 copay	\$36 allowance
\$25 copay	\$54 allowance
\$25 copay	\$69 allowance
\$0 copay	No allowance on lens enhancements when obtained out-of-network
\$0 copay	
\$0 copay	
\$130 allowance, then 15% off any remaining balance	\$105 allowance
\$130 allowance (no additional discount)	\$105 allowance
Covered in full	\$210 allowance

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> ○ Transitions® Lenses (Adults) ○ Standard Polycarbonate (Adults) ○ Tint (Solid and Gradient) ○ UV Coating ○ Progressive Lenses¹ <ul style="list-style-type: none"> ○ Standard ○ Premium Tier 1 ○ Premium Tier 2 ○ Premium Tier 3 ○ Anti-Reflective Coating² <ul style="list-style-type: none"> ○ Standard ○ Premium Tier 1 ○ Premium Tier 2 ○ Other Add-ons and Services 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> ○ Complete Pair ○ Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> ○ Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> ○ Discount applies to materials only 	15% off retail price

SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM

 After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ³	<ul style="list-style-type: none"> ○ For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> ○ For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ Discount cannot be used in conjunction with your covered benefits.

Employee Rates: \$4.00 Employee Only / \$7.00 Employee + 1 / \$11.20 Family

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision plan with benefits intended to cover only corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.